

<b>CMS Guidance Document</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Executive Guidance Number 0070</b>	<b>Date: September 20, 2007</b>
<b>Planned Web Site Address</b> <a href="http://www.cms.hhs.gov/manuals/">http://www.cms.hhs.gov/manuals/</a>	<b>Release planned: October 4, 2007</b>

**PROGRAM AREA: HCPCS Codes**

**SUBJECT: Correction to CR 5645 – July 2007 Quarterly Update to the HCPCS Codes for Albuterol, Levalbuterol, and Reclast ®**

**APPLIES TO: Physicians, Non-Physician Practitioners, and Contractors**

**I. SUMMARY OF DOCUMENT:** This CR corrects CR 5645 by including the Fiscal Intermediary and A/B MAC as a responsible party for Business Requirements 5735.1 and 5735.2 (previously 5645.1 and 5645.2).

**II. CHANGES IN POLICY INSTRUCTIONS: (If not applicable, indicate N/A)**

STATUS: R=REVISED, N=NEW, D=DELETED.

<b>Status</b>	<b>CHAPTER/SECTION/SUBSECTION/TITLE</b>
N/A	

**III. CLEARANCES:**

<b>Clearance &amp; Point of Contact (POC)</b>	<b>Name/Telephone/Component</b>
Senior Official Clearance	Liz Richter, Director CMM, (410) 786-4164
Agency POC	Glen McGuirk, CMM/HAPG/DAS, (410) 786-5723

**IV. TYPE (Check appropriate boxes for type of guidance)**

	<b>Audit Guide</b>
<b>X</b>	<b>Change Request</b>
	<b>HPMS</b>
	<b>Joint Signature Memorandum/Technical Director Letter</b>
	<b>Manual Transmittal/Non-Change Request</b>
	<b>State Medicaid Director Letters</b>
	<b>Other</b>

**V. STATUTORY OR REGULATORY AUTHORITY: N/A**

# Attachment - Business Requirements

Pub. 100-04	Transmittal:	Date:	Change Request: 5735
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**SUBJECT:** Correction to CR 5645 -- July 2007 Quarterly Update to the HCPCS Codes for Albuterol, Levalbuterol, and Reclast®

**EFFECTIVE DATE:** July 1, 2007

**IMPLEMENTATION DATE:** 30 days from issuance

## I. GENERAL INFORMATION

**A. Background:** This CR corrects CR 5645 by including the Fiscal Intermediary and A/B MAC as a responsible party for Business Requirements 5735.1 and 5735.2 (previously 5645.1 and 5645.2). Effective for claims with dates of service on or after July 1, 2007, the following Health Care Procedure Code System (HCPCS) codes will no longer be payable for Medicare:

### HCPCS

<u>Code</u>	<u>Short Description</u>	<u>Long Description</u>
J7611	Albuterol non-comp con	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, 1 mg
J7612	Levalbuterol non-comp con	Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, 0.5 mg
J7613	Albuterol non-comp unit	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 1 mg
J7614	Levalbuterol non-comp unit	Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 0.5 mg

In their place, the following HCPCS codes will be payable, for claims with dates of service on or after July 1:

### HCPCS

<u>Code</u>	<u>Short Description</u>	<u>Long Description</u>
Q4093	Albuterol inh non-comp con	Albuterol, all formulations including separated isomers, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, per 1 mg (Albuterol) or per 0.5 mg (Levalbuterol)
Q4094	Albuterol inh non-comp u d	Albuterol, all formulations including separated isomers, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, per 1 mg (Albuterol) or per 0.5 mg (Levalbuterol)

In addition, a new code, Q4095 will be effective July 1, 2007, for Reclast®:

### HCPCS

<u>Code</u>	<u>Short Description</u>	<u>Long Description</u>
Q4095	Reclast injection	Injection, zoledronic acid (Reclast), 1 mg

**In summary, the following HCPCS codes are effective July 1, 2007: Q4093, Q4094, and Q4095. The following HCPCS code will no longer be payable by Medicare, effective July 1, 2007: J7611, J7612, J7613, and J7614. Code J3487 continues in use for Zometa®.**

## II. BUSINESS REQUIREMENTS TABLE

[illegible][illegible]

Number	Requirement	Responsibility (place an “X” in each applicable column)											
		A / B	D M E	F I	C A R R I E R	D M E R C	R H I	E D C	Shared-System Maintainers				OTHER
		M A C	M A C						F I S S	M C S	V M S	C W F	
	Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.												

#### IV. SUPPORTING INFORMATION

**A. For any recommendations and supporting information associated with listed requirements, use the box below:**  
*Use "Should" to denote a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**B. For all other recommendations and supporting information, use the space below:**

#### V. CONTACTS

**Pre-Implementation Contact(s):** Glenn McGuirk, (410) 786-5723, [Glenn.McGuirk@cms.hhs.gov](mailto:Glenn.McGuirk@cms.hhs.gov)

**Post-Implementation Contact(s):** Glenn McGuirk, (410) 786-5723, [Glenn.McGuirk@cms.hhs.gov](mailto:Glenn.McGuirk@cms.hhs.gov)

#### VI. FUNDING

**A. For Fiscal Intermediaries, Carriers, and the Durable Medical Equipment Regional Carrier (DMERC):**

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

**B. For Medicare Administrative Contractors (MACs):**

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts specified in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

